

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000016708 1. Entity Name COLONIAL INN, LLC	
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Principal Place of Business 14565 SIMS ROAD DELRAY BEACH, FL 33484 US	Mailing Address 5861 HERITAGE PARK WAY DELRAY BEACH, FL 33484 US
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DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number 65-1143653	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCHEMEL, ROBERT G 5861 HERITAGE PARK WAY DELRAY BEACH, FL 33484

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____

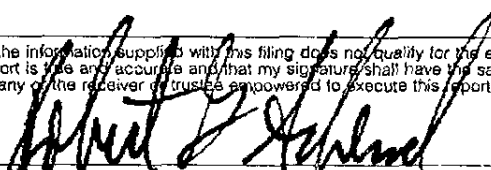
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHEMEL, ROBERT G 5861 HERITAGE PARK WAY DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERITAGE PARK RETIREMENT COMMUNITIES, LLC 5861 HERITAGE PARK WAY DELRAY BEACH, FL 33484
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05/01/06-80048-007 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE:  **Y-12-06 561-496-4440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #